

Case Studies in Environmental Medicine:

Stoddard Solvent Toxicity

Evaluation Questionnaire and Posttest, Course Number SS3057

Course Goal: To increase the primary care provider's knowledge of hazardous substances in the environment and to aid in evaluating potentially exposed patients.

Objectives

- Discuss the major exposure route for Stoddard solvent.
- Describe two potential environmental and occupational sources of Stoddard solvent exposure.
- State two reasons why Stoddard solvent is a health hazard.
- Describe three factors that contribute to Stoddard solvent toxicity.
- Identify evaluation and treatment protocols for persons exposed to Stoddard solvent.
- List two sources of information on Stoddard solvent.

Tell Us About Yourself

Please carefully read the questions. Provide answers on the answer sheet (page 25). Your credit will be awarded based on the type of credit you select.

1. What type of continuing education credit do you wish to receive?

****Nurses should request CNE, not CEU. See note on page 24.**

- A. CME (for physicians)
- B. CME(for non-attending)
- C. CNE (continuing nursing education)
- D. CEU (continuing education units)
- E. [Not used]
- F. [Not used]
- G. [Not used]
- H. None of the above

2. Are you a...

- A. Nurse
- B. Pharmacist
- C. Physician
- D. Veterinarian
- E. None of the above

3. What is your highest level of education?

- A. High school or equivalent
- B. Associate, 2-year degree
- C. Bachelor's degree
- D. Master's degree
- E. Doctorate
- F. Other

- 4. Each year, approximately how many patients with Stoddard solvent exposure do you see?**
- A. None
 - B. 1–5
 - C. 6–10
 - D. 11–15
 - E. More than 15
- 5. Which of the following best describes your current occupation?**
- A. Environmental Health Professional
 - B. Epidemiologist
 - C. Health Educator
 - D. Laboratorian
 - E. Physician Assistant
 - F. Industrial Hygienist
 - G. Sanitarian
 - H. Toxicologist
 - I. Other patient care provider
 - J. Student
 - K. None of the above
- 6. Which of the following best describes your current work setting?**
- A. Academic (public and private)
 - B. Private health care organization
 - C. Public health organization
 - D. Environmental health organization
 - E. Non-profit organization
 - F. Other work setting
- 7. Which of the following best describes the organization in which you work?**
- A. Federal government
 - B. State government
 - C. County government
 - D. Local government
 - E. Non-governmental agency
 - F. Other type of organization

Tell Us About the Course

- 8. How did you obtain this course?**
- A. Downloaded or printed from Web site
 - B. Shared materials with colleague(s)
 - C. By mail from ATSDR
 - D. Not applicable

- 9. How did you first learn about this course?**
- A. State publication (or other state-sponsored communication)
 - B. *MMWR*
 - C. ATSDR Internet site or homepage
 - D. PHTN source (PHTN Web site, e-mail announcement)
 - E. Colleague
 - F. Other
- 10. What was the most important factor in your decision to obtain this course?**
- A. Content
 - B. Continuing education credit
 - C. Supervisor recommended
 - D. Previous participation in ATSDR training
 - E. Previous participation in CDC and PHTN training
 - F. Ability to take the course at my convenience
 - G. Other
- 11. How much time did you spend completing the course, evaluation, and posttest?**
- A. 1 to 1.5 hours
 - B. More than 1.5 hours but less than 2 hours
 - C. 2 to 2.5 hours
 - D. More than 2.5 hours but less than 3 hours
 - E. 3 hours or more
- 12. Please rate your level of knowledge before completing this course.**
- A. Great deal of knowledge about the content
 - B. Fair amount of knowledge about the content
 - C. Limited knowledge about the content
 - D. No prior knowledge about the content
 - E. No opinion
- 13. Please estimate your knowledge gain after completing this course.**
- A. Gained a great deal of knowledge about the content
 - B. Gained a fair amount of knowledge about the content
 - C. Gained a limited amount of knowledge about the content
 - D. Did not gain any knowledge about the content
 - E. No opinion

Please use the scale below to rate your level of agreement with the following statements (questions 14–25) about this course.

- A. Agree
- B. No opinion
- C. Disagree
- D. Not applicable

- 14. The objectives are relevant to the goal.**
- 15. The tables and figures are an effective learning resource.**
- 16. The content in this course was appropriate for my training needs.**
- 17. Participation in this course enhanced my professional effectiveness.**
- 18. I will recommend this course to my colleagues.**
- 19. Overall, this course enhanced my ability to understand the content.**
- 20. I am confident I can discuss the major exposure route for Stoddard solvent.**
- 21. I am confident I can describe two potential environmental and occupational sources of Stoddard solvent exposure.**
- 22. I am confident I can state two reasons why Stoddard solvent is a health hazard.**
- 23. I am confident I can describe three factors that contribute to Stoddard solvent toxicity.**
- 24. I am confident I can identify evaluation and treatment protocols for persons exposed to Stoddard solvent.**
- 25. I am confident I can list two sources of information on Stoddard solvent.**